

Adult Immunization Record and History

PATIENT NAME (Last Name, First Name, Middle Initial)			NUMBER
BIRTHDATE	<input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY NUMBER	PRACTICE NAME/ADDRESS
KNOWN REACTIONS TO VACCINES/ALLERGIES			

If a combination vaccine (e.g., HepB + HepA) is used, record dose in each section.

VACCINE	DATE GIVEN*	MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE** VIS I.D.†	VACCINE	DATE GIVEN*	MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE** VIS I.D.†
10 year Td/Tdap				IM	MMR 1				SC
10 year Td/Tdap				IM	MMR 2				SC
10 year Td/Tdap				IM	Meningo- coccal				SC
10 year Td/Tdap				IM					
Pneumo. Poly.				IM or SC	Varicella 1				SC
					Varicella 2				SC
HepA 1				IM	<input type="checkbox"/> Check here if patient had chickenpox disease and does not need vaccine.				
HepA 2				IM					
HepB 1				IM					
HepB 2				IM					
HepB 3				IM					
Annual FLU				IM	TRAVEL AND OTHER VACCINES CONTINUED ON REVERSE				
Annual FLU				IM	TB SKIN TESTS				
Annual FLU				IM	DATE GIVEN	TYPE	DATE READ	IMPRESSION	
Annual FLU				IM		<input type="checkbox"/> Mantoux <input type="checkbox"/> Other		<input type="checkbox"/> Negative <input type="checkbox"/> Positive (mm _____)	
Annual FLU				IM		<input type="checkbox"/> Mantoux <input type="checkbox"/> Other		<input type="checkbox"/> Negative <input type="checkbox"/> Positive (mm _____)	
Annual FLU				IM		<input type="checkbox"/> Mantoux <input type="checkbox"/> Other		<input type="checkbox"/> Negative <input type="checkbox"/> Positive (mm _____)	
Annual FLU				IM	* Date Given is the date you gave the patient the Vaccine Information Statement (VIS) and you administered the vaccine. If you are recording a vaccine given elsewhere, record date dose was given, write in "elsewhere" or "transcribed," and/or name of provider. ** Site: Abbreviations are LD=left deltoid or left outer upper arm, RD=right deltoid or right outer upper arm. (See over for illustrations.) Recommended route indicated by italics. Most adult vaccines are given IM (intramuscular) in the deltoid. MMR, Varicella, and Meningococcal vaccines are given SC (subcutaneous) in the fatty tissue of outer upper arm. Pneumococcal Polysaccharide can be given either IM or SC. † VIS —Vaccine Information Statement. Each VIS has an issue date in the lower corner; record the VIS issue date here. The VIS should be given to the patient before each dose of vaccine is administered; they are required by law for Td, HepB, MMR, and Varicella. Each VIS can be downloaded from www.cdc.gov/nip/publications/VIS .				
Annual FLU				IM					
Annual FLU				IM					
Annual FLU				IM					

Influenza continued on back

Adult Immunization Record and History, continued

[illegible][illegible]

IM in Deltoid



90° angle
1" or longer needle

SC in Outer Arm



45° angle
5/8" needle